

**Application for Disabled Parking Permit
(PRINT OR TYPE ONLY)**

(Name of Individual or Institution)	(Date of Birth)	(GA Driver's License Number)
(Address)		
(City)	(State)	(Zip Code)

(Signature of Applicant)

(Notary Required)

INSTITUTIONS ONLY: This vehicle is used primarily for the transportation of disabled persons.

Year _____ **Make** _____ **Color** _____ **Tag #** _____ **VIN** _____

Signature of Director _____

Attach Copy of Institutional License (Institution defined in GA. Law 31-7-1)

I hereby swear and affirm that the above individual is disabled as indicated.

Practitioner: Check the Disability that applies. (At least one box must be checked.)

- ☐ Is so ambulatory disabled that he or she cannot walk 200 feet without stopping to rest.
- ☐ Cannot walk without the use of assistance from a brace, a cane, a crutch, another person, a prosthetic device, a wheelchair, or other assistive device;
- ☐ Is restricted by lung disease to such an extent that his or her forced respiratory volume for one second, when measured by spirometry, is less than one liter, or when at rest, his or her arterial oxygen tension is less than 60 millimeters of mercury on room air;
- ☐ Uses portable oxygen;
- ☐ Has a cardiac condition to the extent that his or her functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association; or
- ☐ Is severely limited in his or her ability to walk due to an arthritic, neurological, or orthopedic condition or complications due to pregnancy.
- ☐ Is a blind individual whose central visual acuity does not exceed 20/200 in the better eye with correcting lenses or who visual acuity, if better than 20/200, is accompanied by a limit to the field of vision in the better eye to such a degree that its widest diameter subtends an angle of no greater than 20 degrees.

(Printed Name of Practitioner)	(GA Practitioner Number)	
(Address)		
(City)	(State)	(Zip Code)
(Date that disability is expected to last)		Is Disability Permanent? Yes <input type="checkbox"/> No <input type="checkbox"/>

(Signature of Licensed Georgia Practitioner)

(Notary Required)

DEPARTMENTAL USE ONLY:

Permit # _____ CSC # _____ Exp Date _____ Issue Date _____ Renewal of Permit # _____

New Application: Yes ☐ No ☐

Subject obviously permanently disabled? Yes ☐ No ☐

Replacement Permit? Yes ☐ No ☐

Examiner's Name & Badge # _____